SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

	FOR LINE	NUMBER	: PAGE	= 6	
Use separate schedule(s)	(check only one)				
for each category of the Detailed Summary Page	X 11a	11b	11c	12	
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or for commercial purposes, other than using th	e name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Kidney Care Partners Political	Action Committee	
Full Name (Last, First, Middle Initial) LaVarne Burton Mailing Address 4296 Buckskin Lake Drive City Ellicott City FEC ID number of contributing federal political committee.	State Zip Code MD 21042	Date of Receipt 02 26 2013 Transaction ID : SA11AI.4630 Amount of Each Receipt this Period
Name of Employer American Kidney Fund Receipt For: Primary General Other (specify)	Occupation President Aggregate Year-to-Date ▼ 1000.00	political contribution
Full Name (Last, First, Middle Initial) Joyce Jackson Mailing Address 6585 N.E. Windermere Road City Seattle FEC ID number of contributing federal political committee. Name of Employer Northwest Kidney Centers Receipt For: Primary General Other (specify)	State Zip Code WA 98105 C Occupation President and Chief Executive Officer Aggregate Year-to-Date ▼ 1500.00	Date of Receipt 02 07 2013 Transaction ID : SA11AI.4648 Amount of Each Receipt this Period 1500.00 political contribution
Full Name (Last, First, Middle Initial) Hrant Jamgochian Mailing Address 6010 Ryland Drive City Bethesda FEC ID number of contributing federal political committee. Name of Employer Dialysis Patient Citizens Receipt For: Primary General Other (specify)	State Zip Code MD 20817 C Occupation Executive Director Aggregate Year-to-Date ▼ 1000.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)	>	3500.00
TOTAL This Period (last page this line number	only)	